12119

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY ~~St. Marys~~ Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~St. Marys~~ Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Ray (Last) Alvey

4. DATE OF DEATH (Month) Dec. (Day) 19 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 17, 1953

9. AGE last birthday yrs. If under 1 year Months 1 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl R. Alvey

14. MOTHER'S MAIDEN NAME Elsie May Jordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Aspiration Pneumonia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vomiting during sleep.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held on Autopsy ✓, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Richard Daly (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 12/20/53

23. [illegible] CREMATION (Specify) Burial DATE THEREOF 12/20/53 NAME OF CEMETERY OR CREMATORY St. Marys LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REG. 12/21/53 REGISTRAR'S SIGNATURE Julia H Casey 24. FUNERAL DIRECTOR Huntt & Ryan, ADDRESS Waldorf, Md.

20X3233405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 24 1963
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12120

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sunday (Middle) Bernadette (Last) Bowie

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Dec. 9, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Francis De Sales Carzill
14. MOTHER'S MAIDEN NAME: Dorothy Cecelia Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Geo. R. Bowie, Charlotte Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.5 Immediate cause (a) Respiratory Collapse — INTERVAL BETWEEN ONSET AND DEATH 18 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity. 26 Wks gestation.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Dec, 1953, to 28 Dec, 1953, that I last saw the deceased alive on 28 Dec, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE A. Woodly (DEGREE OR TITLE) MD ADDRESS La Plata. DATE SIGNED 28 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/29/53
NAME OF CEMETERY OR CREMATORY Family Plot
LOCATION (City, town, or county) (State) Charlotte Hall, Md

DATE REC'D BY LOCAL REG. 12/29/53
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

20V3/3/291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12126

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State: Md County: Charles Co

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

9. (a) If veteran, name war

3. (a) FULL NAME: Nettie Ann Butler

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col	Widow

6. (b) Name of husband or wife: Hanes

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 8, [illegible]

8. AGE: Years	Months	Days	If less than one day
74			..... hrs. ..... min.

9. Birthplace: Charles Co
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER 12. Name: Robert Beavner

13. Birthplace

MOTHER 14. Maiden name: M. Ferguson

15. Birthplace

16. Informant: Robert C. Beavner

Address: Indian Head Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 14, 1953 (month) (day) (year)

Cemetery or crematory: St Peters

Location: Waldorf Md

18. Funeral director: Hunter & Dyson

Address: Waldorf Md

19. 12/12/53 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/11/53 at 11:20 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6/10/53 to 12/17/53 and that I last saw h.M.V. alive on 12/7/53

DURATION
Years

Immediate cause of death: Cerebral apoplexy

Due to: Cardio - Vas - Renal Dis

Due to:

Other conditions: 442X
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. D. Weber M. D.
M. D. or other

Address: Waldorf Md Date signed: 12/11/53

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12128

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata, X
LENGTH OF STAY (in this place)
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Physicians Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X New Burg, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) (Last) Buchanan
4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): 99
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Tolson
14. MOTHER'S MAIDEN NAME: Martha Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Oscar Tolson, 711 Upland St. Phil. Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Bilateral Lobar Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1953, to 12/18, 1953, that I last saw the deceased alive on 12/18, 1953, and that death occurred at 4:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Daly, M.D. ADDRESS La Plata, Md. DATE SIGNED 12/19/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12/21/53
NAME OF CEMETERY OR CREMATORY Shilo, M.E.
LOCATION (City, town, or county) (State) New Burg, Md.

DATE REC'D BY LOCAL REGISTRAR 12/21/53
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 24 1953
BUREAU V. S.

Film#G164 Item# 2 4/19/54 emf Film#G165 Item# 8,9 4/29/54 emf

[redacted]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac River — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington 23 — COUNTY: Pr. George's D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Springs 16 X 2
STREET ADDRESS (If rural, give location): none ✓

3. NAME OF DECEASED (Type or Print): (First) Alton (Middle) P (Last) Burgess Jr.
4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 14 1953
9. AGE last birthday: 1 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Alton P Burgess Sr
14. MOTHER'S MAIDEN NAME: Anna Compton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8
Immediate cause (a) Drowning — 12-18-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell from overturned decking

(c) boat — 12-18-53

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): River — (CITY OR TOWN): Potomac River — (COUNTY): Chas. 08 — (STATE): Md.
TIME OF INJURY (Month) 12 (Day) 18 (Year) 53 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Boat overturned while decking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. Edelen (Degree or title) Md. — ADDRESS: Lot Date Md — DATE SIGNED: 4-7-54

23. SOCIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-9-54 — NAME OF CEMETERY OR CREMATORY: Old Durham — LOCATION (City, town, or county): Ironsides — (State): Md

DATE REC'D BY LOCAL REG.: 4-9-54 — REGISTRAR'S SIGNATURE: M. L. Moore — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Robert Hampton Cox

4. DATE OF DEATH: (Month) (Day) (Year): 12-24-53 19

5. SEX: Male

6. COLOR OR RACE: White *U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-19-1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pomfret Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jessie Cox

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Bernard H. Cox (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Metastesis to Cervical glands Left Side	Six Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of the Hard Palate an Left Antrum	One Year
	DUE TO (c)	

144X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General inanition and toxemia from above — Four Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-53, 19 12-24-53, 19, that I last saw the deceased alive on 12-24-53, 19, and that death occurred at 2 AM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James E. Andrews MD. — Indian Head Md. — 12-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-28-53

NAME OF CEMETERY OR CREMATORY: Mt Olivet

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 12/24/53.

REGISTRAR'S SIGNATURE: Mrs. Odey Price

24. FUNERAL DIRECTOR ADDRESS: Hunt + Ryon Waldorf Md

RECEIVED
DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: DANIEL Middle: D Last: DAVIS

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Nov 11 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Powder factory

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L Davis

14. MOTHER'S MAIDEN NAME: Sarah E Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Rudolph Garner La Plata Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3-10-53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1953, to 12-8, 1953, that I last saw the deceased alive on 12-8, 1953 and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. J. Edelen M.D. ADDRESS La Plata Md DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/10/53 NAME OF CEMETERY OR CREMATORY Mangemong Baptist LOCATION (City, town, or county) (State) Mangemong Md

DATE REC'D BY LOCAL REGISTRAR 12/11/53 REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf, Md

VS. A15

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laplata X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Ernest (Last) Ford
4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 1953

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 22, 1952
9. AGE last birthday 1 yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Ford
14. MOTHER'S MAIDEN NAME Cecelia Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Thomas Ford, Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe Malnutrition

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION U
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Richard Daly (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 12/19/53

MANNER OF DISPOSITION Burial DATE THEREOF 12/19/53 NAME OF CEMETERY OR CREMATORY Holy Ghost LOCATION (City, town, or county) Issue Md (State)

DATE RECEIVED BY LOCAL REG. 12/22/53 REGISTRAR'S SIGNATURE Julia H Vasey 24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Film G 160 Item 21 1/8/54 SW 12130

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Ck
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cobb Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ACKSON (Middle) Lee (Last) HANCOCK
4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 10-9-99
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer + Fisherman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Richard S Hancock
14. MOTHER'S MAIDEN NAME Ann + Guleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Blanche Bathanovich DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
800 X Immediate cause	(a) Exposure	12-25-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	12-26-53
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Cobb Is (COUNTY) Chas Co (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell from an anchored rowboat-climbed back in before he died

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Hedelin MD La Plata, Md 12-26-53

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 12,30,53
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) (State) Wayside, Md
DATE REC'D BY LOCAL REG. 12,29,53
REGISTRAR'S SIGNATURE Julia H Carey
24. FUNERAL DIRECTOR ADDRESS Hunt & Ryan, Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1 T

RE
DEC
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) McPHERSON

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1953

5. SEX: M. 6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 6, 1899

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McPherson

14. MOTHER'S MAIDEN NAME: Nora Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elnora Pinkney Wald. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 Y

Immediate cause (a) Cancer of Lung — Interval between onset and death: 12-18-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD. 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/21/53 | NAME OF CEMETERY OR CREMATORY St. Paul's | LOCATION (City, town, or county) Waldorf (State) Md.

DATE REC'D BY LOCAL REG. 12/21/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

BUREAU V. S.

Film#G160 Item# 11, 12 12/23/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Naval Waldorf
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: N.Y. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Island
STREET ADDRESS (If rural, give location): 3747-76 Jackson Hights

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) J (Last) OSORNO (SR)
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 53
5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 6-3-89
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apartment House Supt. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Osorno
14. MOTHER'S MAIDEN NAME: Carmon Malhenberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Edith Osorno Jackson Hights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 12-15-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined*

SIGNATURE: C. Nedelen (Degree or title) ADDRESS: La Plata Md. DATE SIGNED: 12-15-53

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-17-53
NAME OF CEMETERY OR CREMATORY: New York City
LOCATION (City, town, or county) (State): N.Y.

DATE REC'D BY LOCAL REG.: 12/17/53
REGISTRAR'S SIGNATURE: M. L. [illegible]
24. FUNERAL DIRECTOR: Hunt & Ryan ADDRESS: Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

V. S.

Film G 160, Item 18, 1/7/54 SW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12122

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wayside Rural
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wayside Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) C (Last) Tolson

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 14 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Sandy Tolson
14. MOTHER'S MAIDEN NAME: Martha Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: non
17. INFORMANT'S ADDRESS: Lucy Buchanan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Carcinoma of left breast — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1953, to 12-13, 1953, that I last saw the deceased alive on 12-13, 1953, and that death occurred at Newburg, from the causes and on the date stated above.

SIGNATURE Ernest Spencer (Degree or title) M D
ADDRESS Bel Alton Md
DATE SIGNED 12-16-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12-16-53
NAME OF CEMETERY OR CREMATORY Shilo M. E.
LOCATION (City, town, or county) (State) Wayside Md

DATE REC'D BY LOCAL REGISTRAR 12/21/53
REGISTRAR'S SIGNATURE William J. Frere
24. FUNERAL DIRECTOR Huntt & Ryon
ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12129

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—9-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) (Last) Weeks

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 3 1911

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad

10b. KIND OF BUSINESS OR INDUSTRY: US Gov

11. BIRTHPLACE (State or foreign country): Warrington Va 43

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence R Weeks

14. MOTHER'S MAIDEN NAME: Mary C Pelcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 yrs
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Ruby E Weeks Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 570.2 (a) Acute Congestive Heart Failure & Peritonitis — Interval between onset and death: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular Disease — 5 years

DUE TO

(c) Mesenteric Thrombosis & Intestinal Obstruction — 1 week

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-28-53

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction due to Mesenteric Thrombosis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1953, to 12/4, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Barron Jarboe M.D. ADDRESS La Plata Md. DATE SIGNED 12-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/7/53 — NAME OF CEMETERY OR CREMATORY Marbury — LOCATION (City, town, or county) Marbury Md (State)

DATE REC'D BY LOCAL REG. 12/6/53 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR James T Ryan Inc. ADDRESS Washington D.C.

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BUREAU V. S.